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PINE VIEW CARE CENTER 400 PINE VIEW ROAD BLACK RIVER FALLS 54615 Ownershi p: Phone: (715) 284-5396 County Skilled Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? Number of Beds Set Up and Staffed (12/31/01): 141 Title 18 (Medicare) Certified? Yes Total Licensed Bed Capacity (12/31/01): 141 Title 19 (Medicaid) Certified? Yes Number of Residents on 12/31/01: 121 Average Daily Census: 131

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County: Jackson

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/3)	1/01)	Length of Stay (12/31/01)	%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	28. 1
Supp. Home Care-Personal Care	No					1 - 4 Years	<b>52</b> . 1
Supp. Home Care-Household Services	No	Developmental Disabilities	0. 0	Under 65	1.7	More Than 4 Years	19. 8
Day Services	No	Mental Illness (Org./Psy)	28. 9	65 - 74	11.6		
Respite Care	No	Mental Illness (Other)	1. 7	75 - 84	35. 5		100. 0
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0. 0	85 - 94	42. 1	*********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemi plegi c	0. 0	95 & 0ver	9. 1	Full-Time Equivalen	t
Congregate Meals	No	Cancer	1. 7	<u> </u>	ľ	Nursing Staff per 100 Re	si dents
Home Delivered Meals	No	Fractures	0.8		100. 0	(12/31/01)	
Other Meals	Yes	Cardi ovascul ar	15. 7	65 & 0ver	98. 3		
Transportation	Yes	Cerebrovascul ar	11.6			RNs	12. 4
Referral Service	No	Di abetes	4. 1	Sex	% j	LPNs	6. 4
Other Services	Yes	Respi ratory	5.8		Ì	Nursing Assistants,	
Provi de Day Programming for		Other Medical Conditions	29.8	Male	20.7	Ai des, & Orderlies	51. 1
Mentally Ill	No			Femal e	79.3		
Provi de Day Programming for	İ		100.0		j		
Developmentally Disabled	No				100. 0		
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## Method of Reimbursement

		Medicare Title 18			edicaid itle 19			0ther			Pri vate Pay	:		amily Care			bnaged Care			
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	% Of s All
Int. Skilled Care	0	0. 0	0	2	2. 4	114	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	2	1. 7
Skilled Care	7	100.0	307	76	90. 5	97	0	0.0	0	20	66. 7	127	0	0.0	0	0	0.0	0	103	85. 1
Intermedi ate				6	7. 1	80	0	0.0	0	10	33. 3	114	0	0.0	0	0	0.0	0	16	13. 2
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Dev. Di sabl ed				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Venti l ator- Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Total	7	100.0		84	100.0		0	0.0		30	100.0		0	0.0		0	0.0		121	100. 0

County: Jackson PINE VIEW CARE CENTER

*****	****	*****	*****	****	*****	*****	****
Admissions, Discharges, and		Percent Distribution	of Residents'	Condi ti ons	, Services, and	Activities as of 12	/31/01
Deaths During Reporting Period							
				% Ne	edi ng		Total
Percent Admissions from:		Activities of	%	Assi sta	ance of	% Totally	Number of
Private Home/No Home Health	5. 4	Daily Living (ADL)	Independent	One Or '	Two Staff	Dependent	Resi dents
Private Home/With Home Health	8. 1	Bathi ng	0.8	6	0. 3	38. 8	121
Other Nursing Homes	8. 1	Dressing	9. 9	6	7. 8	22. 3	121
Acute Care Hospitals	70. 3	Transferring	21. 5	4	5. 5	33. 1	121
Psych. HospMR/DD Facilities	0.0	Toilet Use	17. 4	4	4. 6	38. 0	121
Reȟabilitation Hospitals	0.0	Eating	49. 6	2	8. 1	22. 3	121
Other Locations	8. 1	**************	******	******	******	********	******
Total Number of Admissions	111	Continence		% Spe	ecial Treatments	5	%
Percent Discharges To:		Indwelling Or Externa	l Catheter		Receiving Respin		9. 1
Private Home/No Home Health	23.0	Occ/Freq. Incontinent			Recei vi ng Trache		0.0
Private Home/With Home Health	14. 3	Occ/Freq. Incontinent			Receiving Suction		0.8
Other Nursing Homes	1.6	İ			Receiving Ostom		2. 5
Acute Care Hospitals	14. 3	Mobility			Receiving Tube Ì		3. 3
Psych. HospMR/DD Facilities	0.8	Physically Restrained				nically Altered Diets	
Rehabilitation Hospitals	0. 0	j. j. s. j. s. j.			6	<i>y</i>	
Other Locations	4. 0	Skin Care		0t	her Resident Cha	aracteri sti cs	
Deaths	42. 1	With Pressure Sores			Have Advance Dia		76. 0
Total Number of Discharges		With Rashes			di cati ons		
(Including Deaths)	126				Receiving Psycho	pactive Drugs	49. 6
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\* Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

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	This Facility			100	Si ze: - 199 Group	Ski	ensure: lled Group	Al l Faci l	l lities		
	% %		% Ratio		% Ratio		Ratio	%	Rati o		
Occupancy Rate: Average Daily Census/Licensed Beds	92. 9	87. 7	1. 06	83. 5	1. 11	84. 4	1. 10	84. 6	1. 10		
Current Residents from In-County	86. 0	76. 7	1. 12	79. 2	1. 08	75. 4	1. 14	77. 0	1. 12		
Admissions from In-County, Still Residing	26. 1	28. 2	0. 93	22. 5	1. 16	22. 1	1. 18	20. 8	1. 26		
Admi ssi ons/Average Daily Census	84. 7	91. 3	0. 93	125. 7	0. 67	118. 1	0. 72	128. 9	0. 66		
Discharges/Average Daily Census	96. 2	92.8	1. 04	127. 5	0. 75	118. 3	0.81	130. 0	0. 74		
Discharges To Private Residence/Average Daily Census	35. 9	32. 9	1.09	51. 5	0. 70	46. 1	0. 78	<b>52.</b> 8	0. 68		
Residents Receiving Skilled Care	86. 8	90.8	0. 96	91. 5	0. 95	91. 6	0. 95	85. 3	1. 02		
Residents Aged 65 and Older	98. 3	88.8	1. 11	94. 7	1. 04	94. 2	1.04	87. 5	1. 12		
Title 19 (Medicaid) Funded Residents	69. 4	67. 9	1.02	72. 2	0. 96	69. 7	1.00	68. 7	1. 01		
Private Pay Funded Residents	24. 8	19. 7	1. 26	18. 6	1. 33	21. 2	1. 17	22. 0	1. 13		
Developmentally Disabled Residents	0. 0	0.8	0.00	0. 7	0.00	0. 8	0. 00	7. 6	0. 00		
Mentally Ill Residents	30. 6	46. 1	0. 66	35. 8	0. 85	39. 5	0. 77	33. 8	0. 90		
General Medical Service Residents	29. 8	14.8	2. 01	16. 9	1. 76	16. 2	1. 83	19. 4	1. 53		
Impaired ADL (Mean)	55. 7	49. 7	1. 12	48. 2	1. 16	48. 5	1. 15	49. 3	1. 13		
Psychological Problems	49. 6	<b>56</b> . 1	0. 88	48. 7	1. 02	50. 0	0. 99	51. 9	0. 96		
Nursing Care Required (Mean)	6. 2	6. 7	0. 92	6. 9	0. 89	7. 0	0. 88	7. 3	0.84		